

PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Docket No: Q110157

Akira NAKAGAWARA, et al.

Appln. No.: 10/570,346

Group Art Unit: 1649

Confirmation No.: 1857
NEE

Examiner: MACFARLANE, STACEY

Filed: June 6, 2006

For: AGENT FOR PREVENTION AND/OR TREATMENT OF ALZHEIMER'S DISEASE

**REVOCATION OF POWER OF ATTORNEY AND
APPOINTMENT OF NEW ATTORNEYS BY ASSIGNEE**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

HISAMITSU PHARMACEUTICAL CO., INC., states that it is the assignee of record of the entire right, title, and interest in the above-identified application by virtue of an assignment recorded in the U.S. Patent and Trademark Office at Reel 017743, Frame 0559, and hereby revokes all prior powers of attorney and authorizations of agent given in the above-identified application and appoints all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number provided below as its attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under this USPTO Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC.

REVOCATION OF POWER OF ATTORNEY AND
APPOINTMENT OF NEW ATTORNEYS
U.S. Application No.: 10/570,346

Attorney Docket No.: Q110157

HISAMITSU PHARMACEUTICAL CO., INC. requests all correspondence for the
above-identified application be addressed to the address filed under the same USPTO Customer
Number.

WASHINGTON OFFICE

23373

CUSTOMER NUMBER

The undersigned is authorized to act on behalf of the assignee.

Respectfully submitted,

Toshiyuki KONDO

October 23, 2008
Date

Typed or printed name

Toshiyuki Kondo
Signature Prefectural Hospitals Bureau, Bureau Chief

Title

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The undersigned is authorized to act on behalf of the assignee.

Respectfully submitted,

Nobuo TSUTSUMI

Oct. 28, 2008.
Date

Typed or printed name

Signature

Department General Manager, Legal Department

Title